

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000861

STATE FILE NUMBER

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 60

FILED FEB 13 1962

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>COLE</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>                              |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>JEFFERSON CITY, MO.</b>  |                                  | c. CITY OR TOWN <b>JEFFERSON CITY</b>  |   |
| Length of stay in lb   |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST MARYS HOSPITAL</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>1315 COTTAGE LANE</b>  |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>BERNARD</b> Middle <b>HERMAN</b> Last <b>TALKEN</b>   |                                  | 4. DATE OF DEATH<br>Month <b>JAN</b> Day <b>30</b> Year <b>1962</b>  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>Feb. 2, 1874</b> |
| 9. AGE (last birthday)<br><b>87</b>  |                                  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Farmer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Taos, Mo.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>John Albert Talken</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Catherine Wolters</b>  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |                                  | 17. INFORMANT<br><b>Paula Luebbert J C Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>arteriosclerotic Heart Disease</b>  |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 yrs</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Taos, Mo.</b>   |   |
| 20g. COUNTY<br><b>COLE</b>   |                                  | 20h. STATE<br><b>MO.</b>   |   |
| 21. I attended the deceased from <b>1949</b> , to <b>1-30-62</b> and last saw him alive on <b>1-30-62</b><br>Death occurred at <b>8:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE<br><b>E. L. Loyd, M.D.</b> (Degree or title)  |   |
| 22b. ADDRESS<br><b>Jaff. City Mo.</b>  |                                  | 22c. DATE SIGNED<br><b>2-5-62</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>2/2/62</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Francis Xavier</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Taos, Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Sylvester Sells</b> ADDRESS <b>J C Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6 February 1962</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>RPN Norris</b>   |                                  | 27. REGISTRAR'S SIGNATURE<br><b>M. Richter, Dep.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.